

MEMORANDUM FOR All Flight surgeons

RE: BLUF NOTES, APL/ATB Changes/Updates, Aug-Oct 2005

1. ATB Changes Updates
 - a. Flight Duty Health Screens: Removal of standard requirement for digital rectal exam, stool guaiac, prostate exam, PSA testing. If clinically indicated, proceed with appropriate medical care and report on FDHS.
 - b. Exception to Policy to Waiver Conversion: Initial applicants requiring an Exception to Policy (ETP) to gain a qualified physical to enter flight training will no longer require another AMS for the same condition once rated as Class 2 to gain a waiver provided:
 - i. No change occurred with the condition that warranted the ETP.
 - ii. All applicable annual follow-up requirements are followed and submitted with the subsequent annual FDME/FDHS.
 - iii. No aeromedical impact of the ETP'd condition was noted.
 - iv. AAMA will do "Waiver Continued (WC)" if criteria are met.
2. APL Updates/New APL's
 - a. Allergic Rhinitis—Info only (I/O) if medically controlled with aeromedically approved meds.
 - b. Herbal/Supplements—Brief update, waiver on case-by-case basis. Remember to look at the underlying medical issue.
 - c. Hearing—Return to the 20dB shift for aeromedical concern. Remember to follow Hearing Conservation Program requirements which are less.
 - d. Hypercholesterolemia—updated meds (Zetia/Vytorin) for I/O, follow lab testing requirements/intervals, and report values.
 - e. Malaria—updated to include 24 hours downtime for prophylaxis. Resolved condition without complications is I/O, no AMS needed.
 - f. Corneal Refractive Surgery—updated, PRK and LASEK are I/O provided meet all pre- and 5 post-surgical requirements. These need to be reported on DD2808 and follow periodic requirements on FDMEs. LASIK still requires ETP/waiver, with submission of info to AAMA for review here and with USAARL. PRK and LASEK need waiver if failing to meet all standards or requirements.
 - g. Metabolic Syndrome—new policy letter, addresses the multiple constellation of factors that are related to CAD and DM. If suspect, provide Abdominal Circumference on DD2808. If meeting 3 or more of the criteria, then proceed with appropriate medical management and assessment, which begins with lifestyle modification, but can range into the individual areas to even an assessment for underlying CAD, which warrant an AMS for further information or even waiver for conditions and medications. If over 40 with metabolic syndrome, and not failed level 1 by

other means in the Cardiovascular Screening Program, the diagnosis likewise is a failure and warrants level 2 assessment. The underlying goal for this APL and “syndrome,” despite multiple issues and debate being addressed in the medical literature, is to improve health and that AAMA still cannot waive a Myocardial Infarction (MI). This APL puts “teeth” or leverage into primary prevention.

3. Currently AAMA is working on updating the Motion Sickness APL and the SSRI APL. Those will be released in the near future for posting and dissemination. POC is the Deputy Director, US AAMA.